87 Nepperhan Ave Room 212 Yonkers, NY 10701

CITY OF YONKERS LAUNDROMAT LICENSE APPLICATION

Phone: 914-377-6808 Fax: 914-377-6811 Website:

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

- 1. Application must be signed by the applicant before a Notary Public.
- 2. License Fee is \$35.00 per washer/dryer/centrifuge (Money Order or Business/Certified Checks only) payable to "City of Yonkers".
- 3. License expires December 31st following Date of Issuance. Fees are not pro-rated for partial year licensing.
- 4. Application must be submitted with \$5,000 License/Permit Bond, payable to the City of Yonkers, executed by a duly authorized Surety Company, and shall be conditioned on compliance with the provisions of this article and any amendment thereto, and upon the further condition that the licensee will pay to the city any fine, penalty or any other obligation within thirty (30) days of its imposition.
- 5. Applicant must provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Drivers' License, a copy of a Motor Vehicle issued NY State ID Card is required.
- 6. Application will be forwarded to the following: Yonkers Fire Department and Department of Housing and Buildings for approval.
- 7. Provide a copy of current Certificate of Occupancy issued by the City of Yonkers Dept. of Housing & Building.
- If applicant is a member of a partnership or sole proprietor of the business and it is located within the County of Westchester, a copy of the Business Certificate obtained from the County Clerk of Westchester County must be provided. For County Clerk call 914-995-2000.
 If applicant is a corporation, copy of Certificate of Incorporation or filing receipt must be submitted

\$35.00/machine License expires December 31st following date of issuance.

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Is applicant:	_Individual Owner	_Member of Partnersh	ipCorporation	
Provide the following information for each Owner, Partner, Corporate Officer.				
Name	Address		Social Security #	Telephone
Name of Laundr	romat Ao	ddress	Telephone#	
For Corporations:	Name of Corporation:		Date of Incor	poration:
State in which Corporation Organized: Is Corporation Authorized to do Business in NYS?				
Address:			Telephone:	
Number of:WashersDryersCentrifuge Number of employees:				
Is property owned/leased by applicant?				
If leased, give name, address, and telephone number of owner(s):				
I being duly sworn deposes and says that all of the answers in the foregoing application are true.				
Signature/Date:		F	Print name:	
Nota	ry Public			